### NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Narcotic Enforcement

# Quarterly Controlled Substance Inventory Form for Humane Societies

Title 10 of New York State Rules at facility shall submit a report to the d	nd Regulations Part 80.134(k) stal	les: "Quarterly reports. Within	n 10 days of the end of each quarter of	and a second
Facility Name			n 10 days of the end of each quarter of ude" (the information requested by this	each year, the society or form),
	0.11	Stelter		
to be a second and the second and th	MIVA SW	DSUN	-	<del></del> -
Address 1000 Rida	ehill Bird			<del></del>
	Kern	Service - IN	211)	<del>-</del> ¢
Telephone Number 714.	377-6730	_ State_ <u>NU</u> zip_ <u>(0</u>	710 County Westches	tor
Bureau of Narcotic Enforcem	ent Cartificate Numb	10100		_
DEA Number				_
		***************************************		·
	Quarter	(1)(2) (3) (4) of year 20 Circle correct quarter	18	
CONTROLLED SUBSTANCE	Mixture of Cod Pi			
Previous Amount on Hand	Mixture of Sod. Pentol	parbital (Schedule III)	Ketamine (Schedule III)	7
Total Amount Received	+ <del>1 2 //</del>			7
Total Amount Utilized	77			7
*Total Amount Lost	-5-30	<del></del>		· ·
Ending Amount on Hand	10001 Significan			7
N. C.				
Number of Dogs Euthanized	<i>-</i> }-			
Number of Cats Euthanized	4			4
Other Species Euthanized (spec	cify) Coose			4
* Loss of controlled whetenous				1
* Loss of controller substances	must be reported to the Bu	reau of Narcotic Enforce	ement. Briefly explain the loss.	
Signed:	NIN	<u> </u>		
Print Name: HIMIVA	SIMPSEM		-	
To be completed by west-to	<i>V</i>	1410	physical inventory on the control	
isted above. Any free has hear	agent: I certify that on "7	/ 7 / 1 conducted a	physical inventory on the control	lad sub
	noted. Under the penalties	s of perjury, I affirm that	the statements made are true	ice substances
1200000	2	A Busin		
Signature of Agent	71. Control of the Co	Signature of Occ		
Hlirle	•	organizate or Officer	of Society or Facility	***************************************
Date 7/4/18	THE STATE CO. HOUSE, SAN THE PARTY OF THE PA	_ 4/4Hx		
rate / /		Date		
ialse statements made herein u	re punishable as a Class A	misdemeanor, pursuan	t to section 210.45 of the Penal L	
fail completed forms to: Bureau	af Novantia Tar		210145 by the Penal L	aw.
River	i of Narcotic Enforcement			
150 B	roadway			

Albany, NY 12204 (866) 811-7957

#### NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Narcotic Enforcement

# JUL 0.9 2018 Quarterly Controlled Substance Inventory Form for Marcotic Enforcement Humane Societies

Bureau of Narcotic Enforcement

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or

facility shall submit a report to th	e department signed by an officer or office	cial and the agent and inclu	de" (the information requested by this form).
Facility Name	nless Animal	SHelt	rev .
Agent's Name A	dmira Sin	Nojan	
Address 1000 21	deschill Blod	V -	
Yonke		State M Zip /C	710 county Westchecter
Telephone Number 919			
Bureau of Narcotic Enforce	ement Certificate Number	0100	
DEA Number			
_	Quarter (1	(2) (3) (4) of year Arcle correct quarter	018
		Ontile correct quarter	
CONTROLLED SUBSTAN		rbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	7715		
Total Amount Received Total Amount Utilized			
*Total Amount Lost	1313		
Ending Amount on Hand	86		
	130		
Number of Dogs Euthanize	ed (		
Number of Cats Euthanized	d U		
Other Species Euthanized (	(specify)		
		_	
* Loss of controlled substa	nces must be reported to the Bur	eau of Narcotic Enfor	cement. Briefly explain the loss.
Signed:	We Same		
^ .	/	******	
Print Name: Hlm Ira	Simpson		
	1	20	
To be completed by regist	tered agent: I certify that on	/2/11 I conducted	a physical inventory on the controlled substa
listed above. Any loss has	been noted. Under the penalties	of perjury, I affirm th	at the statements made are true.
( Kler- F	2	I STANLE	$O_{k,O}$
Signature of Agent		Signature of Office	er of Society or Facility
٠ ٠			,
7/3/18		$\frac{7/3}{\text{Data}}$	118
Date		Date / /	
False statements made her	rein are punishable as a Class A	misdemeanor, pursu	ant to section 210.45 of the Penal Law.
Mail completed forms to: 1	Bureau of Narcotic Enforcement		
-	Riverview Center		
	150 Broadway		
	Albany, NY 12204 (866) 811-7957		
	(000) 011*/93/		

# NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Narcotic Enforcement NYS Department of Health Charterly Controlled Substance Inventory Form for Humane Societies

Bureau of Narcotic Enforcement
Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society of facility shall submit a report to the department signed by an officer or official and the agent and include" (the information requested by this form).
Facility Name Yunkers Animal SHalter
Agent's Name Almira Simpson
Address 1000 Ricke hill Blvd
Yonkers State My Zip 10710 County Westchester
Telephone Number 914 377-6730
Bureau of Narcotic Enforcement Certificate Number / 0100
DEA Number
DEA NUMBEL
Quarter (1) (2) (3) (4) of year 2017
Circle correct quarter
CONTROLLED SUBSTANCE   Mixture of Sod. Pentobarbital (Schedule III)   Ketamine (Schedule III)
Previous Amount on Hand $\mathcal{F}_{0}$ , $\mathcal{F}_{0}$
Total Amount Received
Total Amount Utilized
*Total Amount Lost
Ending Amount on Hand 354,5
Number of Dogs Euthanized
Number of Cats Euthanized 3
Other Species Euthanized (specify)
* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss,  Signed:  Print Name: Almira Simpson
Print Name: Almira Simpson
To be completed by registered agent: I certify that on \( \frac{129\left/17}{1} \) conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.  Signature of Agent  Signature of Officer of Society of Facility
$\frac{\frac{1}{2}\frac{29}{17}}{\frac{12}{29}}$
Date
False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.
Mail completed forms to: Bureau of Narcotic Enforcement Riverview Center 150 Broadway Albany, NY 12204 (866) 811-7957

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Narcotic Enforcement

SEP 2 9 2017

## Quarterly Controlled Substance Inventory Form for Humane Societies

	Bureau of Narcotic Enforcement	
	Regulations Part 80.134(k) states: "Quarterly reports. Within I	
facility shall submit a report to the department signed by an officer or official and the agent and include" (the information requested by this form).		
Facility Name 1 UNIEVE THIM AT SHEETER		
Agent's Name 1000 R	Mira SIMPSON	
Address 1000 K	age nill Blva	
YONCE	•	10 County Westchester
Telephone Number9/4	- 377-6730	
Bureau of Narcotic Enforcemen	nt Certificate Number / り 10 も	
DEA Number		
	Quarter (1) (2) (3) (4) of year 🗥 🦠	7
•	Circle correct quarter	
CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	267.5	
Total Amount Received	-	
Total Amount Utilized	6	
*Total Amount Lost	-6-	
Ending Amount on Hand	761,5	
Number of Dogs Euthanized	·	
Number of Cats Euthanized	<u></u>	
Other Species Euthanized (spec	oify)	
Other Species Euthanized (aper	niy,	
* Loss of controlled substances	must be reported to the Bureau of Narcotic Enforce	ement. Briefly explain the loss.
· ////	1	
Signed: (Musa)		
Print Name: Almin	m Simpson	
	0.5	
	d agent: I certify that on 40/1/1 conducted	
listed above. Any loss has been	n noted. Under the penalties of perjury, I affirm the	at the statements made are true.
(Il mener	Sim Staken &	DILLOUID MORIOLICONIUM.
Signature of Agent		or of Society or Facility
0/3	3	
	·// /	/27 /17
Date	Date	· /
False statements made herein	are punishable as a Class A misdemeanor, pursua	ant to section 210.45 of the Penal Law.
Mail completed forms to: Bure	eau of Narcotic Enforcement	
•	erview Center	
	Decademic	

150 Broadway Albany, NY 12204 (866) 811-7957

NEW YORK STATE DEPARTMENT OF HEALTHUL 10 3 2017 Bureau of Narcotic Enforcement

Quarterly Controlled Substance Inventory Form for Humane Societies

Bureau of Narcotic Enforcement

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the sfacility shall submit a report to the department signed by an officer or official and the agent and include" (the information requested by this form).	ociety (
Facility Name Yankers Animal Shelfer	
Agent's Name Almira Simpson	
Address 1000 Ridge Mill Blad	
State NY Zip [07/0 County Westchester	
Telephone Number 914- 577-6730	
Bureau of Narcotic Enforcement Certificate Number (D) (D)	
DEA Number	
Quarter (1)(2)(3) (4) of year 70 t 7  Circle correct quarter	
CONTROLLED SUBSTANCE   Mixture of Sod. Pentobarbital (Schedule III)   Ketamine (Schedule III)	
Previous Amount on Hand 779	
Total Amount Received . 4	
Total Amount Utilized 11.5	
*Total Amount Lost	
Ending Amount on Hand 367,5	
Number of Dogs Euthanized	
Number of Cats Euthanized 5	
Other Species Euthanized (specify)	
* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.  Signed:	
Print Name: HIMITA SIMPSON	
To be completed by registered agent: I certify that on 6/9/17 conducted a physical inventory on the controlled substalisted above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.  Signature of Agent  Signature of Difficer of Society or Facility  Date	inces
Date Date	
False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.	
Mail completed forms to: Bureau of Narcotic Enforcement Riverview Center 150 Broadway Albany, NY 12204 (866) 811-7957	

### NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Narcotic Enforcement

#### APR 0.6 2017 Quarterly Controlled Substance Inventory Form for Humane Societies

Bureau of Narcotic Enforcement

Title 10 of New York State Rules and I	Regulations Part 80.134(k) states: "Quarterly reports. Within	10 days of the end of each quarter of each year, the society of		
facility shall submit a report to the department signed by an officer or official and the agent and include" (the information requested by this form).  Facility Name  Youlds Howa Sheller				
Agent's Name Almira Sim DSOA				
Address 1000 Ride	e Nill Bled			
1 . 1		110 and Mastalasclar		
Yonkovs State NV Zip 10710 County West chester				
Telephone Number	nt Certificate Number 10100			
Bureau of Narcotic Enforcemen	of Certificate Number 10 (00			
DEA Number				
	Quarter (1) (2) (3) (4) of year (1) (2) (3) (4) of year (1) (2) (3) (4) of year (1) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	17		
CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)		
Previous Amount on Hand	J88			
Total Amount Received	Q			
Total Amount Utilized *Total Amount Lost	9			
Ending Amount on Hand	970			
Ziming zamount on armite				
Number of Dogs Euthanized				
Number of Cats Euthanized Other Species Euthanized (species)	<u> </u>			
Other Species Euthanized (spec	ary)			
* Loss of controlled substances Signed:	must be reported to the Bureau of Narcotic Enforce	pement. Briefly explain the loss.		
Print Name: Almira	Simpson	·		
	d agent: I certify that on $9/9/7$ conducted a noted. Under the penalties of perjury, I affirm the			
Signature of Agent	Signature of Office	er of Society or Facility		
Date	Date	117		
False statements made herein	are punishable as a Class A misdemeanor, pursu	ant to section 210.45 of the Penal Law,		
150 Alba	eau of Narcotic Enforcement erview Center Broadway any, NY 12204 6) 811-7957			

#### NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Narcotic Enforcement

Ouarterly Controlled Substance Inventory Form for Humane Societies

Bureau of Narcotic Enfance			
Bureau of Narcotic Enforcement to the department signed by an officer or official and the agent and include" (the information requested by this form).			
Facility Name Yonker Animal Shelfer			
Agent's Name Almira Simpson			
Address 1000 Ricke hill Blid			
June State My zip 10716 county Westchester			
Telephone Number 916 - 377 - 6730			
Burcau of Narcotic Enforcement Certificate Number 10100			
DEA Number			
Quarter (1) (2) (3) (4) of year 20 16 Circle conect quarter			
CONTROLLED SUBSTANCE Mixture of Sod. Pentobarbital (Schedule III) Ketamine (Schedule III)			
Previous Amount on Hand 304			
Total Amount Received O  Total Amount Utilized U2			
*Total Amount Lost 288			
Ending Amount on Hand			
Number of Dogs Euthanized			
Number of Cats Euthanized  Other Species Euthanized (specific)			
Other Species Euthanized (specify)			
* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.			
Signed: Amile Angl			
Print Name: Almira Simpson			
To be completed by registered agent: I certify that on 130 161 conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penaltics of perjury, I affirm that the statements made age true.			
Signature of Agent Signature of Officer of Society or Facility			
Signature of Agent Signature of Officer of Society or Facility /			
Date 12/30/16 1/2/30 //6			
False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.			
Mail completed forms to: Bureau of Narcotic Enforcement Riverview Center			

DOH-4331 (7/12)

150 Broadway Albany, NY 12204 (866) 811-7957

#### NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Narcotic Enforcement

## SEP 2 900 Herly Controlled Substance Inventory Form for Humane Societies

Purpou of Narchtic Enforcement

Title 10 of New York State Rules and Refacility shall submit a report to the depart	gulations Part 80.134(k) states: "Quarterly reports. Within	10 days of the end of each quarter of each year, the society
Facility Name	included the second of the sec	de" (the information requested by this form).
Agent's Name	1 20 20	
Address 1000 Ridge		
Address 1000 17000	Nill Block	
1011607	State Zip /07	10 county Westchester
Telephone Number 9/4	- 311-6130	
Bureau of Narcotic Enforcement	Certificate Number /D /00	
DEA Number		
		Q
	Quarter (1) (2) (3) (4) of year Circle correct quarter	
CONTROLLED SUBSTANCE   P		
Previous Amount on Hand	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Total Amount Received		
Total Amount Utilized	1 6 401	
*Total Amount Lost	16 ml	
Ending Amount on Hand	304	
M		
Number of Dogs Euthanized Number of Cats Euthanized		
Other Species Euthanized (specify		
odici opecies Ettinanized (specify	9	
* Loss of controlled substances m	ust be reported to the Bureau of Narcotic Enforc	ement Rejeffy avalage the loss
/ // //	The state of the s	oment. Briefly explain the loss.
Signed:	ange	·
Print Name: A(M1/	a Simpson	
Co he completed by registered as		······································
isted above. Any loss has been no	gent: I certify that on \( \frac{7 \lambda / \lambda / \lambda \text{O}}{1 \text{LOI}}\) conducted a sted. Under the penaltics of perjury, I affirm that	physical inventory on the controlled substances
(Mario A)	Of the	t the statements made are true.
Signature of Agent	= Salphan	Duard
orgulature of Agent	Signature of Officer	of Society or Facility
9/27/16	9/24/110	•
Date	Date	
Talse statements made herein ave	nunichable an a Class 4 1	
	punishable as a Class A misdemeanor, pursua	nt to section 210.45 of the Penal Law,
fail completed forms to: Bureau of	of Narcotic Enforcement	
Rivervie	ew Center	
150 Bro		
Albany, (866) 81	NY 12204 1-7957	

NYS Department of Health Controlled Substance Inventory Form for Humane Societies NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Narcolic Emorcement Bureau of Narcotic Enforcement Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form). Telephone Number Bureau of Narcotic Enforcement Certificate Number DEA Number CONTROLLED SUBSTANCE Mixture of Sod. Pentobarbital (Schedule III) Ketamine (Schedule III) Previous Amount on Hand Total Amount Received Total Amount Utilized m ( \*Total Amount Lost Ending Amount on Hand Number of Dogs Euthanized Number of Cats Euthanized Other Species Euthanized (specify)

\* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed:

Print Name:

To be completed by registered agent: I certify that on by 1/6 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, Laffirm that the statements made are true.

Signature of Agent

Signature of Officer of Society or Facility

Date

Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement

Riverview Center 150 Broadway Albany, NY 12204 (866) 811-7957

#### NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Narcotic Enforcement

## Quarterly Controlled Substance Inventory Form for Humane Societies

Title 10 of New York State Rules and Regulations Part 80 facility shall submit a report to the department signed by	0.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society an officer or official and the agent and include" (the information requested by this form).
V A V A 7	umal Shelter
A i	n62as
Address 1000 Ridgehin B	VIII See
Yonkers	State NY Zip 10710 County Westchester
Telephone Number 9/4 377-	State NY Zip 10710 County Westchester
Bureau of Narcotic Enforcement Certificate N	
DEA Number	uniper 10 100
CEAN Trumber	
	Quarter (1)(2)(3)(4) of year 2016 JAn, Feb, MAr, Circle correct quarter
CONTROLLED SUBSTANCE Mixture of S	od. Pentobarbital (Schedule III)   Ketamine (Schedule III)
Previous Amount on Hand 324	
Total Amount Received	
*Total Amount Utilized *Total Amount Lost	
Ending Amount on Hand	
The state of the s	
Number of Dogs Euthanized	
Number of Cats Euthanized O	
Other Species Euthanized (specify)	
* Loss of controlled substances must be reported.  Signed:	to the Bureau of Narcotic Enforcement. Briefly explain the loss.
To be completed by registered agent: I certify listed above. Any loss has been noted. Under the complete of th	y that on 1/1/61 conducted a physical inventory on the controlled substances the penaltics of perjury, I affirm that the statements made are true.
Signature of Agent	Signature of Officer of Society or Facility
Date /	Date
False statements made herein are punishable o	as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.
Mail completed forms to: Bureau of Narcotic E Riverview Center 150 Broadway Albany, NY 12204 (866) 811-7957	nforcement

#### NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Narcotic Enforcement

NYS Department of Health Quarterly Controlled Substance Inventory Form for JAN 1 1 2016 Humane Societies

Bureau

	· var colic E	<sup>riforcement</sup>	
Title 10 of New York State Rules and R	tegulations Part 80.134(k) states: "Q	uarterly reports. Within	10 days of the end of each quarter of each year, the socie
facility shall submit a report to the department signed by an officer or official and the agent and include" (the information requested by this form).			
Facility Name Yankers Animal Shelter			
Agent's Name HW	ura Simps	<i>o</i> h	
Address 1000 Rid	ae hill Blvd		
Vonkers	Str	ate MV Zin 107	10 County Westchester
Telephone Number 914 -	377-6730		
Bureau of Narcotic Enforcement	nt Certificate Number /C	100	
DEA Number	i Ottilloui Halliot	***************************************	
DEA NUMBER			
	Quarter (1) Ci	(2) (3) (4) of year <u>10</u> role correct quarter	15 Oct, NOY Dec
CONTROLLED SUBSTANCE	Mixture of Sod. Pentobark	oital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	354		
Total Amount Received			
*Total Amount Utilized	30		
Ending Amount on Hand	234		
Number of Dogs Euthanized		ritia ja liinen ja ja mi Riigi kaan	
Number of Cats Euthanized		e trage water.	
Other Species Euthanized (spec	offy) 🚫	· ·	
* Loss of controlled substances	must be reported to the Burea	au of Narcotic Enforc	cement. Briefly explain the loss.
////	· 1 -		
Signed: MM	1 / 1/2/2		***************************************
Print Name: Ffmir	a Simpson	)	
	1		
To be completed by registered	noted Under the penalties	of periusy Laffirm th	a physical inventory on the controlled substance at the statements made are true.
	t order the penarties e		
	4/	_X_ XW	AM
Signature of Agent		Signature of Office	er of Society or Facility
1/6/16		1/6/16	
Date		Date	
False statements made herein i	are nunishable as a Class A (	wisdemeanor, nursu	ant to section 210.45 of the Penal Law.
	•		
Mail completed forms to: Bure			
Riverview Center 150 Broadway			
	ny NV 12204		

DOH-4331 (7/12)

(866) 811-7957

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Narcotic Enforcement

### OCT 1 3 2 Quarterly Controlled Substance Inventory Form for Humane Societies

Bureau of Narcotic Enforcement

Title 10 of New York State Rules and	Regulations Part 80.134(k) states: "Quarterly reports. Within	n 10 days of the end of each quarter of each year, the society
	artment signed by an officer or official and the agent and inch	ude" (the information requested by this form).
Facility Name Yonkers	Animal Shelter	
Agent's Name WWW LVA		
	rehill Blvd	
		2010
Telephone Number 914	21) State NU Zip 1 - 377/6730	0710 County Westchester
Bureau of Narcotic Enforcement	nt Certificate Number 10100	
DEA Number	n comment vaniable po v o c	
_	Ma	
	Quarter (1) (2) (A) of year 1	015 July Aug, Sept
	Circle correct quarter	015 July, Aub, Sept
CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	354	
Total Amount Received	L_O	
Total Amount Utilized	0 .	
*Total Amount Lost	_ 0 ,	
Ending Amount on Hand	1334	
Number of Dogs Euthanized	· ·	
Number of Cats Euthanized	()	
Other Species Euthanized (spec	rify) ()	
The special Designation (open		
* Loss of controlled substances	must be reported to the Bureau of Narcotic Enfor	rcement. Briefly explain the loss.
	nan Sin	
Signed:	va janji -	
Print Name: HMI ru	1 Simpson	
To be completed by registered		a physical inventory on the controlled substances
listed aboye. Any loss has been	noted. Under the penalties of perjury, Laffirm the	hat the statements made are true.
allura A.	J San	43
Signature of Agent		per of Society or Escility

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement

Riverview Center 150 Broadway Albany, NY 12204 (866) 811-7957